

FILE COPY

JUN 12 1981

Office of the Secretary, FOI
Through: Richard A. Gross, Executive Director
Catherine C. Cook, Acting AEDCA
David W. Thome, Director, Corrective Actions Division
Sandra Shimasaki, Compliance Officer, CACA

FOI Control Number SI05166
Wham-O Fun Fountain

Reference is made to the FOIA request dated May 19, 1981 from
Dr. James Keating of St. Louis Children's Hospital.

Dr. Keating requested injury information on the Fun Fountain.
Attached is information from ID 80-16 file that pertains to injuries.

- (1) Two letters dated August 8, 1979 and August 9, 1979 from Wham-O. Note the claim for confidentiality made by Wham-O. This Division has no reason to withhold this information.
- (2) Memo dated October 22, 1979, subject closed meeting.
- (3) Memo dated October 23, 1979, minutes of the closed meeting. We have no reason to withhold this document however you may wish to contact Wham-O prior to releasing it to determine if it has any claims for confidentiality.
- (4) Memo dated November 13, 1979, subject Hazard Assessment Committee Recommendation. Note Wham-O claimed confidential treatment for distribution numbers. This Division has no reason to withhold the information.
- (5) IDI 790611MIN5002. Note the last page shows the identity of the injured victim and parents. We have no reason to withhold this information, however please note that section 25(c) of the CPSA may apply.
- (6) Two computer print-outs on the Fun Fountain.
- (7) Inspection Report at Wham-O dated September 25, 1980 which includes as attachments:
 - (a) Draft letter of August 13, 1980 citing two consumer's names and addresses.
 - (b) IDI 800805CHI 5041
 - (c) May Ortscheid complaint.
 - (d) Wham-O letter dated September 26, 1980 with enclosures
 - (e) Laurel Dollinger complaint and Fred Meyer effectiveness check.

CACA: SHIMASAKI: 5/10/81

Reading File
Chron File
Rpt. File

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We have no need to keep this information withheld, however you may wish to contact the company regarding any confidentiality claims it may have, prior to releasing it. Also, section 25(c) of the CPUSA may apply.

Feel free to call me if you have questions.

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FILE COPY
MAY 7 1981

Dr. James Keating
St. Louis Children's Hospital
St. Louis, Missouri

RE: CPSC ID 80-16
Wham-O Mfg. Co.
Fun Fountain

Dear Dr. Keating:

Enclosed please find a copy of CPSC's press release on the Wham-O Fun Fountain water toy, which you requested.

In order to receive injury information on this toy, you would need to make a written request directed to the Freedom of Information Officer, Office of the Secretary, U.S. CPSC, 1111 18th Street, N.W., Washington, DC 20207.

A CPSC field inspector will be in touch with you in the near future to discuss the injury to your patient.

We appreciate your cooperation and assistance.

Sincerely,

Sandra Shimasaki
Corrective Actions Division
Compliance and Administrative Litigation
Directorate

Enclosure

cc: Los Angeles Area Office
3660 Wilshire Boulevard, Suite 1100
Los Angeles, California 90010

Kansas Area Office
Traders National Bank Building, Suite 1500
1125 Grand Avenue
Kansas City, Missouri 64106

CACA/SSHimasaki:
Readin & File
Chron File
Rpt. File
LA A/O
KC A/O

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CONSUMER PRODUCT COMPLAINT REPORT

HL50001

1. NAME OF COMPLAINANT Dr. James Keating		2. TELEPHONE NO. 314-367-6880	3. DATE OF INCIDENT about 4/28/81
4. STREET ADDRESS St. Louis Children's Hospital		5. CITY, STATE, ZIP CODE St. Louis, MO	
6a. DESCRIPTION OF PRODUCT(S) Fun Fountain Water Toy		<input type="checkbox"/> Objects to release of name. <input type="checkbox"/> Does not object to release of name. unknown	
7. BRAND NAME Wham-O		6b. DATE ACQUIRED unknown	
8. MODEL/STYLE NO.		9. SERIAL NO.	
10. LOT/BATCH NO.		11. MANUFACTURER, IMPORTER OR DISTRIBUTOR NAME AND ADDRESS Wham-O Mfg. Co. 835 East El Monte Street San Gabriel, CA 91778	
12. DEALER NAME AND ADDRESS unknown		13. HOW PRODUCT ACQUIRED Purchased New <input type="checkbox"/> Second Hand <input type="checkbox"/> Other <input type="checkbox"/> Specify _____	
14. SAMPLE AVAILABLE Yes <input type="checkbox"/> No <input type="checkbox"/>	15. WARNING LABEL Yes <input type="checkbox"/> No <input type="checkbox"/>	16. INSTRUCTIONS Yes <input type="checkbox"/> No <input type="checkbox"/>	
17. PRODUCT DAMAGED BEFORE INCIDENT Yes <input type="checkbox"/> No <input type="checkbox"/>	18. PRODUCT REPAIRED BEFORE INCIDENT Yes <input type="checkbox"/> No <input type="checkbox"/>	19. AGE OF PRODUCT (ESTIMATE IF NECESSARY) 0	
IF INJURY OR ILLNESS COMPLETE ITEMS 20 - 24			
20. VICTIM'S AGE 4 years	21. VICTIM'S SEX Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	22. BODY PART(S) INVOLVED vagina	
23. TYPE OF INJURY OR ILLNESS Burn <input type="checkbox"/> Fracture <input type="checkbox"/> Cut <input type="checkbox"/> Other <input type="checkbox"/> Specify see below			
24. MEDICAL TREATMENT RECEIVED Physician's Office <input type="checkbox"/> Emergency Room <input checked="" type="checkbox"/> Other Hospital <input type="checkbox"/> Other <input type="checkbox"/> Specify _____			
25. GIVE DETAILS OF COMPLAINT, INJURY, OR ILLNESS. DESCRIBE HOW INCIDENT OCCURRED. USE REVERSE SIDE IF NECESSARY. Dr. Keating called to report that he treated a young girl who suffered arterial bleeding of her vaginal wall due to sitting on a Fun Fountain Toy. A transfusion was required, as well as surgery to control the hemorrhaging. Note: This was reportedly an unmodified Fun Fountain -- See press release on repair program. Shimasaki			
FOR COMMISSION USE ONLY SOURCE: _____			
26. RECEIVING OFFICE CACA	27. DATE RECEIVED 4/30/81	28. RECEIVED BY S. Shimasaki/kos	
29. SOURCE OF REPORT Letter <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Visit <input type="checkbox"/> Other <input type="checkbox"/> Specify _____			30. DOCUMENT NO.
31. FOLLOW-UP ACTION No letter - Copy to S. Shimasaki. Assign IDI			32. PRODUCT CODE(S)
33. DISTRIBUTION CO, HIA, File, LOS RO			34. ENDORSEER'S NAME AND TITLE

HIEI INVESTIGATION REQUEST FORM

To Be Completed by Requestor:

1. Incident Number: H 15 000 1
2. Source: Complaint by Doctor Area Office
Document No.
3. Date of Incident: Approximately April 28, 1981
4. Type of Follow-Up Request:
☒ In-Depth Investigation ☐ Telephone Call
Category ID Number ID 80-16
5. Assignment Message: Please contact Dr. James Keating
St. Louis Children's Hospital, St. Louis, Missouri to begin doing
in-depth investigation to find out the injury suffered by the
girl and the extent of the medical treatment administered.
Dr. Keating indicated that he would provide the CPSC investigator
with the name of the victim's parents at the interview. Please
follow up at the parents' home to complete the accident investigation.
Please call Dr. Keating to make an appointment. His number at
the hospital is 314/367-6880 extention 378 or 379. If you have
trouble reaching him there, his home number is 314/727-6120.
Product Involved: WHEEL-O Fun Fountain
- Contact: Dr. Keating at above numbers and address

Requested By: * Sandra Shimasaki Org: CACA

To Be Completed By HIEI:

Task Number: _____

A/O Assigned: _____ Date: _____

Mailed To: _____ A/O Date: _____

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CONSUMER PRODUCT COMPLAINT REPORT

H150001

1. NAME OF COMPLAINANT Dr. James Keating		2. TELEPHONE NO. 314-367-6880	3. DATE OF INCIDENT about 4/28/81
4. STREET ADDRESS St. Louis Children's Hospital		5. CITY, STATE, ZIP CODE St. Louis, MO	
6a. DESCRIPTION OF PRODUCT(S) Fun Fountain Water Toy		<input type="checkbox"/> Objects to release of name. <input type="checkbox"/> Does not object to release of name. unknown	
7. BRAND NAME Wham-O		8. MODEL/STYLE NO.	
9. SERIAL NO.		10. LOT/BATCH NO.	
11. MANUFACTURER, IMPORTER OR DISTRIBUTOR NAME AND ADDRESS Wham-O Mfg. Co. 835 East El Monte Street San Gabriel, CA 91778		12. DEALER NAME AND ADDRESS unknown	
13. HOW PRODUCT ACQUIRED Purchased New <input type="checkbox"/> Second Hand <input type="checkbox"/> Other <input type="checkbox"/> Specify _____			
14. SAMPLE AVAILABLE Yes <input type="checkbox"/> No <input type="checkbox"/>		15. WARNING LABEL Yes <input type="checkbox"/> No <input type="checkbox"/>	
16. INSTRUCTIONS Yes <input type="checkbox"/> No <input type="checkbox"/>			
17. PRODUCT DAMAGED BEFORE INCIDENT Yes <input type="checkbox"/> No <input type="checkbox"/>		18. PRODUCT REPAIRED BEFORE INCIDENT AFTER Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
19. AGE OF PRODUCT (ESTIMATE IF NECESSARY)			
IF INJURY OR ILLNESS COMPLETE ITEMS 20 - 24			
20. VICTIM'S AGE 4 years		21. VICTIM'S SEX Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
22. BODY PART(S) INVOLVED vagina			
23. TYPE OF INJURY OR ILLNESS Burn <input type="checkbox"/> Fracture <input type="checkbox"/> Cut <input type="checkbox"/> Other <input type="checkbox"/> Specify <u>see below</u>			
24. MEDICAL TREATMENT RECEIVED Physician's Office <input type="checkbox"/> Emergency Room <input checked="" type="checkbox"/> Other Hospital <input type="checkbox"/> Other <input type="checkbox"/> Specify _____			
25. GIVE DETAILS OF COMPLAINT, INJURY, OR ILLNESS. DESCRIBE HOW INCIDENT OCCURRED. USE REVERSE SIDE IF NECESSARY. Dr. Keating called to report that he treated a young girl who suffered arterial bleeding of her vaginal wall due to sitting on a Fun Fauntain Toy. A transfusion was required, as well as surgery to control the hemmoraging. Note: This was reportedly an unmodified Fun Fountain -- See press release on repair program. Shimasaki			
FOR COMMISSION USE ONLY			
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29. SOURCE OF REPORT Letter <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Visit <input type="checkbox"/> Other <input type="checkbox"/> Specify _____		28. RECEIVED BY S.Shimasaki/kos	
31. FOLLOW-UP ACTION No letter - Copy to S.Shimasaki. Assign IDI		30. DOCUMENT NO 32. PRODUCT CODES	
33. DISTRIBUTION CO, HIA, File, LOS RO		34. ENDORSER'S NAME AND TITLE	

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FILE COPY

April 30, 1980

Mr. Kenneth Millard
Vice President, General
Counsel
Wham-O Mfg. Co.
835 East El Monte Street
San Gabriel, CA 91778

Re: CPSC ID 80-16

Dear Mr. Millard:

The Product Defect Correction Division has reviewed Wham-O Mfg. Co.'s proposed corrective action plan for your Fun Fountain water toy and has presently accepted your plan as adequate. The Commission reviews firms' corrective action plans on a quarterly basis with the next review session in Summer 1980. Although the Commission has the final authority in this matter, in the absence of notice to the contrary, you may consider your corrective action plan accepted by the Commission.

Since you have already begun to implement your corrective action plan, please continue. The Commission's Los Angeles Area Office will be monitoring your firm's corrective action plan. Please submit progress reports of your recall to Andre Marcos of the Los Angeles Area Office at the address listed below with a copy to this Division.

The Commission staff will be evaluating the effectiveness of your plan. Broader corrective action could be sought from you if the corrective action plan does not prove effective.

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Mr. Kenneth Millard
Wham-O Mfg. Co.

When you feel the corrective action plan has been implemented to the best of your ability, please submit a final progress report to Andre Marcos and request that the file be closed. At that time the degree of your progress will be reviewed and this office will decide whether or not the file should be closed.

Thank you for your continued cooperation and assistance. If you have any questions, please contact either Andre Marcos on 213/688-7272 or Sandra C. Shimasaki on 301/492-6608.

Sincerely yours,

Catherine C. Cook, Director
Product Defect Correction Division
Compliance & Enforcement Directorate

Consumer Product Safety Commission
Andre Marcos
Los Angeles Area Office
3660 Wilshire Boulevard, Suite 1100
Los Angeles, CA 90010

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MEMO RECORD		AVOID ERRORS PUT IT IN WRITING		DATE 10/20/2000-20-01
FROM: Douglas Macgregor, OTD				OFFICE
TO: Bill Reinhardt, AG				DIVISION
SUBJECT: Option for Don Tourell's Victim.				
SUMMARY				
<p> In order to be consistent with the press release agreed to by Don-0 and to correct the error, I believe the second sentence of the caption should be changed to read "the word 'perfect'" and to change the word "so" to "could". The sentence would then read as follows: "The water stream which causes the hat to rise in the air could cause injuries to children's eyes." I would OTD find this acceptable with the above change, so believe me, the final version is as follows: </p>				
<div style="text-align: right;"> 116 <i>at</i> </div>				
SIGNATURE		DOCUMENT NUMBER		

Ken Millard / Shimazaki

3-26-80

Telecon Millard called, had two questions

1) Retailer wanted to cut off bottom line on poster "This is not a recall, no returns will be accepted" because retailers policy ~~was~~ is to accept returns. I said I had no problem with that.

2) Retailer asked how long it should be posted. I told Millard he could tell retailer that Commission recommends that poster be displayed for not less than 120 days.

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Telecon Pat Rouleau / Shimazaki
Zayres

3-4-80

617-655-7300 ext 207

After talking w/ Ken Mollard at Wham-O re: Zayre's request to reduce the poster size Wham-O provided, I called Ms. Rouleau at Zayres to discuss.

She stated the size poster provided (22" x 28") would not fit anywhere in their toy depts because it is too large. She stated they would prefer to put at front entrance and I told her I endorsed this idea.

I asked her if the poster could be put on a wall or window in the front entrance. She stated there was limited space in the entrance areas and that she did not think this large poster would fit.

I told her that if were totally not feasible to use the 22" x 28" poster then they could reduce it to a 17" x 21" size but that the 11" x 14" size was not acceptable.

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